

Towards Progress in Resolving Dilemmas in International Research Ethics

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Interest in the ethics of research on human subjects, stimulated by atrocious human experimentation during WWII and the resultant Nuremberg Code, has been sustained by examples of unethical research in many countries and by proliferation of codes and guidelines. Such interest has intensified in recent years in association with expanding international collaborative research endeavors. The ongoing controversy in international research ethics takes place at two levels. At the practical level it is about the competing concerns of those predominantly interested in doing research to advance knowledge and those who, while supporting the need for research, are more acutely aware of the potential to exploit vulnerable participants, especially in developing countries. At the level of theory the controversy pits ethical universalism against moral relativism.

In her recent review of agreements and controversies in international research ethics, Ruth Macklin has concluded that, despite seeming agreement on several issues, many different viewpoints persist.¹ In her view it is unlikely that these will be resolved easily.

I begin by listing the issues on which Macklin notes broad agreement, followed by a brief reference to the nature of remaining controversies (in italics).

- Research must be responsive to the needs of people in the community being studied.

How are decisions taken about what research to undertake in developing countries and how are these prioritized?

- Research is needed on diseases that occur frequently in poor countries, especially when these cause high morbidity and mortality.

What sorts of study designs are acceptable? Can placebos be used and what comparative arms should be included?

- It is unethical to exploit the vulnerable.

What specifically does it mean not to exploit people?

- It is unacceptable to lower the ethical standards for research in developing countries.

What is the standard of care that should apply in research in developing countries? How is this defined and justified?

My goal is to consider whether areas of disagreement may be explicable by differing perceptions of social relations, for example as these apply among various participants within the research context, and by failure to use moral reasoning to identify the rational middle ground between ethical universalism and moral relativism. Researchers largely share a common scientific

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world-view² and have a primary, if not exclusive interest in advancing knowledge. Underprivileged and deprived research subjects within traditional cultures tend to share a non-scientific world-view and have a predominant, and often even exclusive interest in receiving care for their illnesses. Although these differences in how people view medical research and access to health care lie along a spectrum and there may be much that is shared, the extent of such differences is not trivial and they are of practical importance in developing ethical policies for research. I shall not attempt to revisit in any detail the debate about ethical universalism and moral relativism as many others have dealt with this in considerable depth,³ but I do hope to show that the widespread agreements listed above support the notion of there being universal ethical ideas, and that the use of moral reasoning can identify and appropriately consider local factors that carry legitimate weight for incorporation into a rational middle ground.

Bioethics & Cultural Pluralism

Anthropologists and social scientists have been critical of modern bioethics on the grounds that it is based on Western moral philosophy and western biomedical perspectives. An additional criticism is that bioethics is applied within a theoretical framework that emphasizes the application of scientifically rigorous medical care to people who are sufficiently autonomous to make self-interested decisions about themselves in a context of minimal social connectedness. Such a highly reductionist and individualistic approach takes insufficient consideration of the social and cultural context of illness or associated ethical dilemmas, isolates bioethical issues from spiritual perspectives and neglects the dynamic nature of relationships between individuals, their families and their community.⁴

Some critics of modern bioethics favor a more embracing communitarian conception of the individual that acknowledges and values closer links with other people. As an example, the African notion of a person values links with the past (ancestors), the present (family and community), and with other animate beings within a “web of relations” that has been labeled as an “Eco-bio-communitarian perspective.”⁵ Within this more embracing context of many traditional cultures, illness represents more than mechanical dysfunction, and understanding and dealing with illness requires an explanatory model with greater attention to the influence of external social interactions, luck, fate and magico-religious considerations.

These two views of people, within social relationships defined in a polarized manner either as individualistic or communitarian along a single dimension, have generated much debate in relation to cross-cultural re-

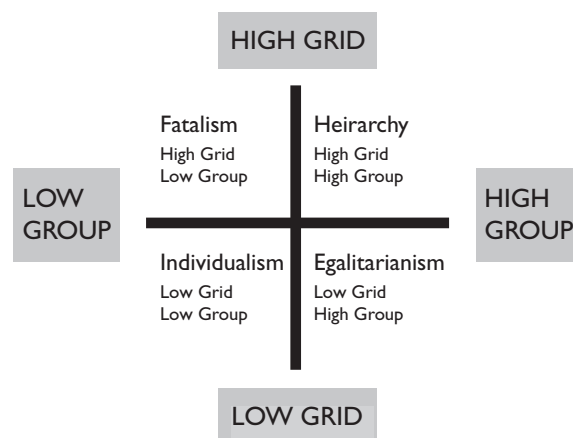
search ethics.⁶ Some insist that the individualistic approach is the best universal model and that it must be rigorously applied in the research context. Others argue that this is a “particular rationality” about human life, one that is attractive in its abstract form but lacks resemblance to the real world in which people live. In addition it is argued that more attention should be paid to complex notions of social relationships, and in particular to potential exploitation of vulnerable subjects.

Forms of Social Solidarity

Mary Douglas and colleagues have recently presented a more complex framework for understanding social relations and interactions.⁷ They begin by reminding us that there are two camps within the social sciences. One camp assumes that all humans are fundamentally the same in being rational and self-interested. The other, comprising most social scientists, considers that people differ greatly in what they consider to be rational and what is indeed in their own self-interest, and endeavors to document and explain these differences. The claim is made that the views of both camps rest on shaky foundations because cultures and societies vary across time such that social differences cannot be explained so simply. They also point out that if we are indeed all totally different it would be hard to understand history and to cooperate across cultures and that it is not necessary to have to choose between these extremes. They suggest that it is possible to discern a limited number of fundamental forms of social organization from which a large variety of ultimate forms of social and cultural life can be derived. They propose a cultural theory in which four basic ways of life can be derived from two dimensions (Figure 1).

Figure 1

Four Forms of Social Solidarity



The *grid dimension* describes the extent to which the behavior of individuals is determined and constrained by *role differentiation*. At the high-grid end of the spectrum people's lives are largely determined by the ascribed roles to which they are assigned (birth order, gender, race, caste, social position etc.) and from which it is difficult to escape. At the low-grid end people are free to make choices about how they will live and here there are opportunities to shift from one role to another.

The *group dimension* defines the spectrum along which *commitment to a social unit* constrains the thoughts and actions of individuals. At the high-group pole there is considerable commitment to, involvement, interaction and co-operation with others. At the low-group pole individuals negotiate their way through life with few allegiances and with maximum competitiveness.

Each of the four ways of life identified in this analysis, "consists of a specific way of structuring social relations and a supporting cast of particular beliefs, values, emotions, perception and interests."⁸ A synoptic caricature of each way of life follows. In the *individualist* social setting, people see themselves as inherently self-seeking and independent, working within self-organizing ego-focused networks. In an *egalitarian* social setting, people are viewed as essentially caring and entitled at least to equal opportunities to good lives, and perhaps even equal outcomes. In *hierarchical* social settings, the world is viewed as controllable and people as capable of responding to wise authority within distribution systems determined by social position. In a *fatalistic* social setting, people tend to see little fairness in this life and possibilities of effecting change for the better are largely limited to magico-religious interventions.

This categorization into four basic ways of life is offered to illuminate paradoxical and, sometimes contradictory, ways in which individuals in different social settings perceive the natural world and in how they approach contemporary public policy issues. The point is also made that these categories are not entirely independent and that they rather represent the spectrum of a broad range of potential social relations. Emphasis is given (with reference to the work of Thompson et. al. reviewed by Schwartz⁹) that each way of life tends to be self-undermining, and that "to survive requires some overlap with the other ways." So while the Western way of life is caricatured as fitting best into the left lower quadrant (individualism) such rigid categorization blurs out the extent to which it overlaps with the other ways of life. For example some degree of hierarchy is required to enforce contracts and get work done, and egalitarianism also has moderate strength within the

Western tradition. Similarly, while the African way of life seems to fit best into the right upper quadrant (hierarchy) it also shades across into the other quadrants. Hierarchies would become totally stagnant if there were no space for the creative energy of individualism, and there is indeed an element of egalitarianism within community oriented societies.

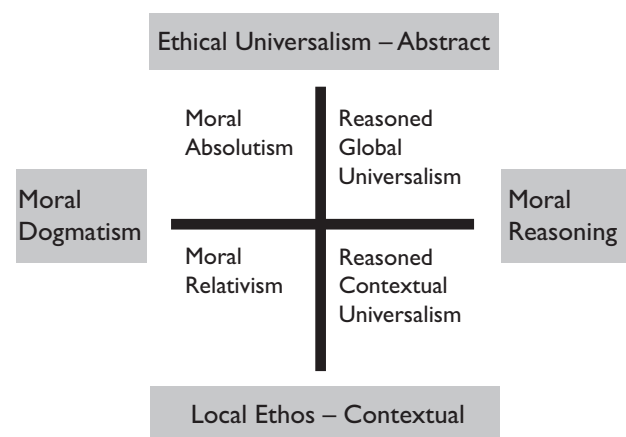
This analysis illustrates the wider spectrum of middle ground that lies between the usually described extremes of individualism and community, and the inadequacy of always focusing on the polar extremes of dichotomous options. Traditional hierarchical societies are moving towards greater democracy and placing more emphasis on individualism. One example is the new South Africa with its liberal constitution and Bill of Rights. In addition multicultural modern societies are acknowledging the need for more emphasis on community, and the need for solidarity is increasingly appreciated in a globalizing and interdependent world. However, it is important to note that in such pluralistic societies respect for democracy should take precedence over the preservation of cultural traditions that undermine democracy and human rights. Under all these circumstances egalitarianism is becoming an attractive and challenging common ground on which diverse cultures could hopefully meet.

There are two requirements for finding such middle ground. Firstly, it is necessary for scholars to acquire deeper insights into our own value system and the value systems of others (see section below on understanding others). Secondly, and of equal importance is the need to avoid either uncritically accepting the moral perspectives of all cultures as equally valid, or rejecting them all as invalid. Instead, and despite the shortcomings perceived by some of such an approach, moral reasoning should be used to evaluate when and how local considerations can be morally relevant in the application of universal principles in local contexts.

Universalism and Relativism: Interpreting and Resolving Ethical Dilemmas

I have borrowed from the analysis offered by Douglas and colleagues to construct a two dimensional framework for understanding disagreements about ethical dilemmas (Figure 2). One dimension stretches from a pole representing the abstract philosophical construction of universal ethical concepts and principles to a contrasting pole where the local ethos (defined as mores that are influenced by time, geographical location, culture and other social forces) defines worlds that have been studied and described by anthropologists and social scientists. A second dimension stretches from the ability to use moral reasoning to negotiate the application of universal principles within local contexts to po-

Figure 2

Four Perspectives on Ethical Dilemmas

sitions of moral dogmatism and “instruction manual” approaches to ethics.

This is a more nuanced analysis than one that pits ethical universalism against moral relativism along a single dimension. It enables distinctions to be drawn between four broad positions: moral absolutism, moral relativism, reasoned global universalism and reasoned contextual universalism. *Moral absolutism* describes the position taken by those who believe in ethics as prescribed and immutable. *Moral relativism* contends that morality is entirely relative to time, place and culture. The position of *reasoned global universalism* utilizes a set of abstract ethical principles that have been developed and justified through a reasoned process. The position of *reasoned contextual universalism* is reached by taking morally relevant local factors into consideration in applying reasoned global universalism.

Seeking the position of reasoned contextual universalism acknowledges the relevance of history, geography, culture, economics and other factors to the interpretation of such principles so that they can play out effectively and progressively in differing contexts. The influence of such factors on shaping values, belief systems and the real world is evident in the evolution of bioethics and its methodology in the western world over the past 50 years.¹⁰

It is widely acknowledged that it is not possible to spell out precisely in any particular jurisdiction what is constitutional or unconstitutional in all situations and at all times without judicial interpretation. Similarly it is a fruitless exercise to attempt to write detailed “instruction manual” type directions spelling out precisely what is ethical or unethical in all situations at all times. The place of ethical universalism is at the abstract and conceptual levels, and then there is the need to seek rea-

soned ways of specifying how abstract principles are applied at the local level.¹¹

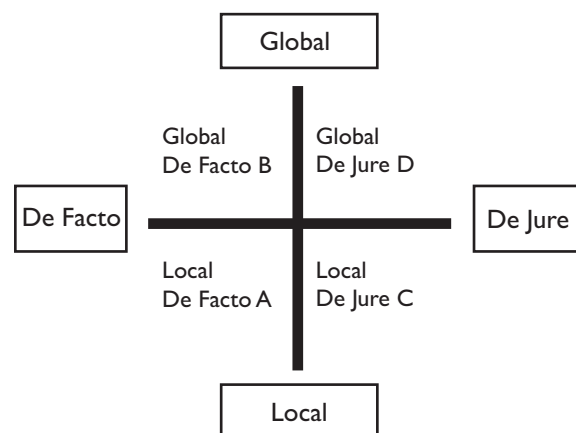
Thus, as with considerations of social solidarity, the position of reasoned contextual universalism allows for the rational application of universal approaches within local contexts. Achieving such middle ground avoids the abstraction that is blind to context while also avoiding the perils of moral relativism. An essential requirement here is to have deeper insights (a difficult task) into when and how it is morally appropriate to take local contexts (ethos/mores) into consideration in applying universal ethical principles. Considerations of major importance will be whether local cultural values inflict harms that could and should be avoided (or are harmless) and whether (or not) they infringe on human rights or abrogate respect for human dignity – in the full acknowledgement that these concepts too are not easily defined in acceptable ways to all.¹²

Standard of Care

It is against this background that a philosophical approach to the standard of care in international research can be reviewed.¹³ Alex London shows that the controversy about whether or not to use a placebo, when some effective treatment may be available, is more complex than a comparison between local and global standards as reference points. He argues that the controversy also embraces interpretations of the standard of care from what he calls “de facto” and “de jure” perspectives. His morally reasoned analysis can also be depicted as a two dimensional framework (Figure 3).

In a sequence of lucid arguments London shows that the debate does not merely take place along the

Figure 3

Four Formulations of Standards

local/global axis at the de facto end of the intersecting axis where A (if no treatment is the local standard then placebo can be used – moral relativism) is posited against B (a placebo cannot be used if an effective treatment is in use anywhere in the world – moral absolutism). It also takes place along the local/global axis at the de jure end of the intersecting axis where weight is given to the judgment of medical experts regarding what is the most effective treatment. However, he goes on to argue that the debate does not posit A against D (a global de jure position based on the view of experts in the medical community as to which treatments are most effective against the illness in question – reasoned global universalism) as this only takes into consideration a narrow biological version of equipoise. He reminds us that the original notion of equipoise described by Freedman extends beyond the biological perspective of drug action to include broader considerations of the effective use of drugs within particular contexts, (the ‘portmanteau’ perspective).¹⁴ Using this broader conception of equipoise it can be justifiable to adopt a nuanced version of C (a local de jure position where the judgments of medical experts would determine how proven diagnostic and therapeutic interventions are relevantly applicable to the local context – reasoned contextual universalism).

His detailed argument cannot be summarized in detail here, but I have attempted to illustrate his elucidation of a rational position that would permit research to be undertaken ethically in developing countries under conditions of reasoned contextual universalism (C) when global reasoned universalism (D) cannot, or should not, apply because of particular local conditions.

Understanding Others

Understanding others is essential in a globalizing world and requires finding the reasoned middle ground between polarized views rather than focusing on simplistic extremes. Achieving such understanding of ourselves and of others requires what Ninian Smart has called “structured empathy” and “cross-disciplinary study of world views and belief systems.” Belief systems provide ways of “seeing” the world that, through symbols, actions, and mobilization of feelings and wills to act, “serve as engines of social and moral continuity and change.”¹⁵ As world-views represent powerful and different starting points from which people think and argue (and generate conflict) it is necessary to understand how they are constructed, used and abused.

While Smart describes several dimensions of world-views with special emphasis on these dimensions within religions, his analysis is also relevant for secular world-views. In the religious context the *doctrinal or philosophical dimension* stresses the transcendent universal

aspect of a world-view and serves the function of bringing order to what is given by revelation. As examples, consider the Trinity doctrine in Christianity and the doctrine of “the void” in Buddhism. In the secular scientific world, supreme faith in progress through scientific rationality and belief in theories of evolution (despite gaps in knowledge) are basic precepts – although it should be noted that a special characteristic of the scientific world-view is its openness to self-scrutiny and criticism. Indeed, within such an open system of thinking nothing is sacrosanct and any hypothesis or “fact” is open to question – and this is how scientific progress is made. The *mythic or narrative dimension* includes the myths and stories that serve to buttress the world-view doctrines; for example, the story of the fall of man in Christianity, the stories about the contract between God and man in Judaism. The narrative dimension in the secular world includes the big bang theory of the origin of the universe, the stories of history that provided sweeping meanings of the past and the light cast by literature on human nature. The *ethical or legal dimension* (in both religious and secular worlds) comprises the rules and precepts that bind “believers” within a common community. These three dimensions form a “web of belief” that are best understood in the context of experience and practice.

The other three dimensions – the *ritual or practical*, the *experiential or emotional* and the *social or institutional* all serve to involve followers in acts that express and intensify feelings for and attachment to the world view, and to perpetuate it, often in deliberately divisive ways. Both secular and religious fundamentalists capitalize on these dimensions to cause divisions within their world-view and to capture a significant following.

In the realm of religion, Hans Kung has shown how it is possible to obtain agreement from all the major world religions on several central values (see below) that reflect the universal aspect of all religions and focus on belief in some higher force.¹⁶

- A conviction of the fundamental unity of the human family, of the equality and dignity of all human beings
- A sense of the sacredness of the individual person and his conscience
- A sense of the value of the human community
- A belief that love, compassion, unselfishness and the force of inner truthfulness and of the spirit have ultimately greater power than hate, enmity and self-interest
- A sense of obligation to stand on the side of the poor and the oppressed as against the rich and the oppressors
- A profound hope that good will finally prevail.

These values are arguably the most important ones to

any religion and Kung's attempt to focus on them was an attempt to diminish inter-religious conflicts that reflect differences in the way the above universal ideas are expressed, institutionalized, used and abused socially. His idea was to find the "abstract" universal principles that could promote solidarity between people from all religions. There are of course many unshared local values among religions, some of which may be acceptable

ship between each quadrant. However, in all these analyses (Figs 1-3) the right lower quadrant represents respect for the equality of all people, within the diversity of ways in which they live in the real world. The right lower quadrant of figures 2 and 3 illustrates a domain where a middle ground could be found through scholarly discussions of how to rationally apply abstract universal ideas within local contexts. In this way uni-

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if harmless and do not infringe human rights. Others would be considered morally unacceptable as they infringe on human rights (for example, amputation of hands as punishment, or ritual mutilation of genitals). Kung's failure to achieve the goal of greater unity across religions reflects the vested interests of religious groups in focusing on much less important, but very powerful, social and institutional beliefs, rituals and practices that both advertently and inadvertently have divisive consequences.

Philosopher, Martha Nussbaum eloquently argues that three capacities are essential for intelligent dialogue and cooperation between people from different backgrounds in today's interdependent world. These comprise the capacity for critical examination of oneself and one's traditions, the capacity to see oneself as bound to all other human beings, and the capacity to imagine what it might be like to be in the shoes of a person very different from oneself.¹⁷ Philosopher Jonathan Glover, in his descriptions of numerous genocides across the world during the 20th century and his quest for understanding why these are perpetrated, concludes that it is only our moral imagination – our ability to imagine ourselves in the shoes of others – that could enable us to significantly alter our outlook and actions.¹⁸

Making Progress in International Research Ethics

In order to make progress in international research ethics it is important to recognize and appreciate the extent to which there is indeed widespread agreement on such important basic issues as identified by Macklin.¹⁹ These agreements lie at the level of reasoned global universalism. Although there are similarities in the depiction of different ideas in figures 1, 2 and 3, it should be noted that there is only a loose link in the relation-

versal ideals could be upheld and limitations that have a legitimate moral influence can be acknowledged and applied. It is unlikely that agreement will easily be reached on divisive issues. However, grappling with and understanding such diversity in scholarly ways could allow progress to be made in finding a rational common ground. In this way progress over time could be made from a range of positions of reasoned contextual universalism towards the more uniform position of reasoned global universalism.

Against the framework of the analyses above I now turn to consider some practical suggestions in response to the areas of disagreement outlined by Macklin in the hope that attention to these with new insights could improve the ethical conduct of international research and begin to narrow the gap between different perspectives.

How are decisions taken about what research to undertake in developing countries and how are these prioritized?

In keeping with an approach that acknowledges that there are different forms of social relations and that understanding these and working with them offers greater prospects for resolving conflicting views the following could be advised. First, clinical trials in developing countries should be relevant to the health needs of the host country. Second, the design and conduct of trials should involve members of the host country in participatory partnerships of an emancipating nature. Third, prior evaluation should be made of whether study findings can, and will, be incorporated into local health care systems. These processes, involving dialogue and collaboration from the earliest stages of research design, are in a sense analogous to the idea of democratic deliberation,²⁰ and could assist in explicating and justifying priorities in particular contexts.

*What sorts of study designs are acceptable?
Can placebos be used and what comparative
arms should be included?*

In my view it will not be possible to resolve the current debate about the use of placebos unless the different motives and world-views of those who argue for differing regulations regarding their use are considered. In addition, while general statements can be made about the use of placebos in research, their valid use in every conceivable setting cannot be deduced simply from a few sentences in research ethics guidelines. If we accept that abstract universal principles are valid; if we consider local factors to be relevant to the application of universal principles; and if we value the process of moral reasoning, then we must agree that in order to determine whether or not a placebo arm is justified, then careful consideration is required of potential harms and benefits in relation to studies designed to ask and answer specific questions in specific contexts. In those situations where morally valid reasons can be mounted for placebo-controlled trials, and where such studies are designed specifically for the benefit of local populations rather than as surrogates for acquiring information for wealthy countries (for example studies of “me too” drugs²¹), the use of a placebo may be justified on rational grounds. The proviso is that utilitarian calculations for the benefit of whole groups of people (and with their agreement) should be constrained by the need to prevent harm to individuals, and to avoid the use of placebo when this may result in unnecessary suffering, avoidable injuries or death. Each study in which a placebo arm is anticipated should thus be considered on its merits, rather than precluded or allowed entirely on the basis of a bluntly designed clause in a declaration. Considerations of context are required aspects of moral reasoning in the application of universal principles in specific situations, and taking relevant moral factors into consideration does not entail moral relativism.

What specifically does it mean not to exploit people?

A simple definition of exploitation in the research context would include the following:

- Taking advantage of power differentials to do what researchers want to do and in any way they wish without consideration of the harms that may be perceived by research participants.
- Using research subjects as a means to achieving the ends of researchers (advancing knowledge) when the benefits of the research will not be fairly available to research participants and their communities.
- Undertaking studies in which minimal benefits accrue to participants and large benefits, especially financial, may accrue in the long term to re-

search sponsors, thus failing to ensure fair balance of benefits and burdens to sponsors/researchers and research participants in the longer term.

- Denying participants post-trial use of therapies identified as beneficial in the trial in environments where such treatments would not otherwise be available.

To avoid exploitation priority should be given to trials that will provide useful knowledge for the host country, the balance of benefits and burdens should be fairly distributed and the benefits of research should be seen to flow into health care settings. Efforts should also be made to ensure that existing disparities are not entrenched by deflecting local human or material resources away from healthcare systems in host countries towards research.²²

*What is the standard of care? How is this defined
and how can it be justified?*

The idea of a global universally applicable ethical framework for the standard of care in international research would be inclusive of at least the following features:

- Conducting research with the same respect for the dignity of all subjects wherever they are in the world – as reflected in treating them as ends in their own right and not using them merely to acquire knowledge that could be of benefit to others.
- Obtaining meaningful informed consent by structuring the process of obtaining consent within the linguistic and cultural framework of research subjects.²³
- Providing care for other diseases concomitantly afflicting research subjects for which treatment would not otherwise be available in impoverished settings and in this way enhancing the potential for community benefit to flow from research.²⁴
- The avoidance of exploitation as indicated above.

It has been further argued that such a globally reasoned universal standard of care can be translated into feasible local practices (reasoned contextual universalism). This would require the shaping an acceptable standard of care for a particular study through a deliberative scholarly process (not merely political haggling) among researchers and the community of research participants within respectful partnerships.²⁵ Making progress on a continuous basis through successive research projects in local contexts could in this way improve health care and move the standard of care in research towards the reasoned global universal level.²⁶

Attempts to resolve the vexed question of the “standard of care” for research in developing countries by utilizing arguments totally within a single world-view are unlikely to convince those who have a different per-

spective on social relations and how these should influence social policy in research. Making progress towards narrowing the differences identified by Macklin requires giving due moral weight to morally significant contextual considerations, including the values of research participants, where these are not harmful and do not infringe on the physical and emotional integrity of others.

With regard to justification for a broader overall standard of care, several arguments have been offered. These include moral arguments that embrace concerns not to do harm, to do good and to be fair. There should be respect for harmless practices within other cultures, while rejecting those that infringe human rights. There should also be sensitivity to the adverse invasive social impact of itinerant researchers from developed countries. Strategically it can also be argued that an improved standard of care could enhance participation in research and the achievement of research goals. Not least, an operational argument can be mounted in support of the idea that research coupled to improved standards of care facilitates improvements in the delivery of health care. As the goal of medical research is to improve health care there should be greater support for encouraging closer links between research and its application at sites where the research is being undertaken. These justifications and examples of how they have been applied in practice have been described in detail elsewhere.²⁷

While dual standards of care will ensue from implementing a broader standard of care in poor countries, this is an inevitable aspect of progress. Inability to achieve immediate equity should not be an impediment to making improvements that could spread more widely with time and effort. It could be argued that it is more unethical to be satisfied with existing low or non-existent standards than to create dual standards as part of a progressive means of improving care. Of course a higher standard of care will be an inducement. But inducements are only morally wrong if they result in participants taking risks with their health and lives. What is wrong with an inducement that enables access to otherwise unavailable care and continues after the trial is over? Inability to achieve immediate equity should not be an impediment to achieving progressive reductions in inequity.

Conclusions

International researchers should be educated about the social, economic and political milieu that frames the context in which research is being undertaken, and they should be sensitive to the differing perceptions of

research and health care that prevail in such contexts. They should understand that their low-group, low-grid (individualistic) perception of themselves and of those they study, even if justifiable as an ideal, is not necessarily closely shared by people from other cultures. Those who view life and social relations from high-

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group, high-grid (hierarchical) or high-grid, low-group (fatalistic) perspectives require equal respect as people and much effort is required to ensure finding a mutually acceptable and egalitarian meeting ground for international cross-cultural collaborative research and research ethics.

Researchers should also understand that their scientific world-view, that allows them to see themselves as nobly advancing knowledge, is at least to some degree a reflection of their "local" values. Impoverished research subjects who have benefited little from previous research may have a different "local" value which views health care professionals primarily as providers of care. These differing local views can be overcome by finding a middle ground through education of researchers about perceptions of the research endeavor within specific local contexts while simultaneously providing care that would otherwise be unavailable in the research setting. By meeting the "local" needs of both researchers and of participants the most admirable universal goal could be achieved - advancing knowledge for the purpose of improving health locally and globally.²⁸

Making such progress will require new paradigms of thinking. Firstly, it must be acknowledged that research does not take place in a vacuum but rather in a world with wide disparities in which much research on vulnerable people has never been applied for their benefit. Secondly, researchers should increasingly view continuation of current patterns of exploitative research as ethically unacceptable. Thirdly, the need to link moral progress to scientific progress should become a high priority. Progress could be made towards such goals by coupling research to improvements in health through a broader conception of the standard of care and by linking research to development through partnerships and strategic alliances that could promote sustainability.

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22. While the research endeavor is not directly responsible for such disparities, those involved in research are indirectly co-opted into a global political economy that has profoundly adverse implications for health. As such researchers have an obligation not to contribute to aggravating disparities, but rather to assist in narrowing them.
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Figures

Figure 1. Four forms of social solidarity (Adapted from Douglas et al 7)

Figure 2. Four perspectives on ethical dilemmas.

Figure 3. Four formulations of standards (based on London¹³)